

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048829

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

245 3047 170
FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Neosho, Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Sale Mem. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Newton

c. CITY
OR
TOWN Neosho, Mo.

d. STREET
ADDRESS 325 W. Hill

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Humphrey Bates Green

4. DATE OF DEATH
Month Day Year
Dec. 12, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-2-1883

9. AGE (last birthday)
80
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY
Hardware

11. BIRTHPLACE (City and state or country)
Tennessee

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Rufus Green

13b. MOTHER'S MAIDEN NAME

Melissa Reditt

14. NAME OF HUSBAND OR WIFE

Nannie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address
Nannie Green Neosho, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be "NATURAL CAUSES"

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Patient had received treatment for a heart condition

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ and last saw her
him alive on _____.
Death occurred at 3:45 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

319 Fain Avenue
Neosho, Missouri

22c. DATE SIGNED

12-13-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-14-1963

23c. NAME OF CEMETERY OR CREMATORY

100F Cemetery

23d. LOCATION (City, town, or county)

Neosho, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thompson Funeral Home, Neosho, Mo.

25. DATE RECD. BY LOCAL REG.

12-13-63

26. REGISTRAR'S SIGNATURE

Naydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10735

20735

3

4 0

5 1

6

7 1

8 0

9434

10

11

12 2-2

13 6-0

DEC 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth Mallory

Licensed Embalmer No. 5264

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.